

CLAIMS ONLY						Application Number <i>10/698611</i>	Filing Date							
						Applicant(s)								
						* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend		
	Indep	Depend	Indep	Depend	Indep	Depend								
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49							99							
50							100							
Total Indep							Total Indep					Total Depend		
Total Depend							Total Depend					Total Claims		
Total Claims							Total Claims							